

The address to send this application has changed. Please send this completed application along with your check or money order to:

Sturgeon Bay Service Center
110 S. Neenah Ave.
Sturgeon Bay, WI 54235

Mail to: State of Wisconsin
Department of Natural Resources
P.O. Box 408
Plymouth, WI 53073

**OUTLYING WATER
SPORT TROLLING LICENSE APPLICATION**
Form 9400-245 Rev. 12-98

LICENSE FEE: Resident \$100.00
Nonresident \$400.00
Licenses expire December 31

Note: Use of this form is required by the Department for any application filed pursuant to section 29.514, Wis. Stats. The Department will not consider your application unless you complete and submit this application. Information collected may be used for participation in surveys, eligibility for approvals, law enforcement (including child support and tax delinquency enforcement) purposes and other secondary purposes. The Department may also provide this information to requesters pursuant to Wisconsin's open records law, ss. 19.31 - 19.39, Wis. Stats.

* A social security number or federal employer identification number is **REQUIRED** when applying for a license according to chapter 29, Wis. Stats., but it may not be disclosed to anyone except the Department of Workforce Development or the Department of Revenue.

Pursuant to the provisions of s. 29.514(1), Wis. Stats., I hereby apply for a sport trolling license to guide, direct or assist other persons in sport trolling for trout and salmon in and upon the outlying waters of Lake Michigan, Green Bay and Lake Superior. If such license is issued to me, I hereby affirm that I will faithfully observe the fish and game laws and Wisconsin Administrative Code of the State of Wisconsin, and that I will advise and instruct all persons for whom I act as a trolling guide to obey the fish and game laws and Department of Natural Resources orders of this state.

PLEASE COMPLETE ALL INFORMATION BELOW (type or print)

Applicant's Name (Last, First, Middle)				Name of Vessel	
Street or Route				U.S. Coast Guard Operator's License Number	
City, State, Zip Code				Homeport	
Date of Birth (Mo-Day-Yr)				Fishing <input type="checkbox"/> Lake Michigan <input type="checkbox"/> Lake Superior <input type="checkbox"/> Green Bay	
Color Eyes	Color Hair	Weight	Height	Previous Year's License Number (if any)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				I am a: <input type="checkbox"/> Resident of Wisconsin <input type="checkbox"/> Nonresident of Wisconsin	
*Social Security Number/Federal Employer Identification Number					
Daytime Telephone Number (please include area code)					
Wisconsin Driver's License Number (Required for Residents)					

SIGNATURE REQUIRED BELOW

I hereby certify that I am the person making the above application; that the statements therein are true; that my license privileges are not now revoked by reason of a conviction for a violation of the fish or game laws; that I will not permit any other person to use my license; and that I am at least eighteen (18) years of age. I also agree not to use a boat that does not meet minimum U.S. Coast Guard and Wisconsin's boat license and safety requirements. I will submit reports on or before the 10th day of each month for the number of fish taken the preceding calendar month.

I certify that I am a resident of the State of Wisconsin and have maintained my permanent residence in Wisconsin for the previous thirty days.

I certify that I am a nonresident of the State of Wisconsin.

Signature of Applicant (Resident of Wisconsin)

Signature of Applicant (Nonresident of Wisconsin)

Date Signed

Date Signed